

fied in 63.3% episodes and the common viruses detected were RV, RSV and parainfluenza virus.

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Congenital Syphilis: Complicating an already complex adoption process



K. Mehta^{1,*}, S. Narreddy², N. Rao S¹

¹ Apollo Institute of Medical Sciences and Research, Hyderabad, India

² Apollo Hospital, Hyderabad, India

Background: With the number of adoptions on the rise both nationally and internationally, screening and subsequent treatment of congenital infections is of particular importance. Among the congenital infections in adoptees, detection of syphilis is particularly difficult, as most affected babies are asymptomatic, especially during infancy. We present the story of an apparently asymptomatic orphan whose VDRL returned positive on a routine adoption screen.

Methods & Materials: An 11 month old girl was brought to the pediatric outpatient following VDRL positivity. Maternal and birth details were not known. Following take-over by a non-governmental organization at an approximate age of 5 months, she did not have any history of failure to gain weight, repeated infections, skin lesions, jaundice or bleeding manifestations. On evaluation, she was found to be thriving well and developmentally appropriate for age. General physical examination revealed frontal bossing. There was no lymphadenopathy, rash, rhinitis, condyloma lata or mucocutaneous involvement. Abdominal examination revealed hepatosplenomegaly. Other systemic examination was normal.

Results: Following a non-treponemal VDRL test seropositivity, a treponemal test- microhemagglutination test for Treponema pallidum (MHA-TP) was also positive. Blood counts were suggestive of iron deficiency anemia, and there was no thrombocytopenia. Urine examination was normal. Serological tests for HIV were negative. CSF analysis yielded normal sugar, protein and chloride levels. No bacteria were seen on dark field microscopy, cultures were sterile and CSF VDRL test was negative. Radiological evaluation revealed hot-cross bun appearance of the skull with destructive changes, and dental abnormalities consistent with early Hutchinson's teeth. Distortion product oto-acoustic emissions were absent bilaterally, and were suggestive of moderate hearing loss. There was no evidence of interstitial keratitis, chorioretinitis or glaucoma on ophthalmological evaluation. She was treated with Crystalline Penicillin 50,000 units/kg body weight intravenously 6th hourly for 14 days. She has been adopted by a loving family, and is otherwise asymptomatic on follow-up.



Conclusion: Although uncommon, congenital syphilis can complicate an already complex adoption process. Infected infants are generally not detected during this period since the disease is most commonly asymptomatic during infancy. This case reiterates the importance of early screening and timely initiation of appropriate treatment which could enhance outcomes in potential adoptees.

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Bacteraemia in paediatric: Epidemiology and aetiology at tertiary care centre, Malaysia



N. Abu¹, F. Mohd Nor^{2,*}, M.B. Mohamad¹, A.S. Zainal Abidin¹, A.K. Ahluwalia³

¹ University Teknologi MARA, Sg. Buloh, Malaysia

² Universiti Teknologi MARA, Sg. Buloh, Selangor, Malaysia

³ Ministry of Health, Malaysia, Selayang, Malaysia

Background: Reports of the aetiology of bacteraemia in children from Malaysia are scarce, and have been perplexed by lacking of capacity to identify invasive disease with suboptimal laboratory culture methods. This study aimed to determine aetiological agents causing bacteraemia and its clinical manifestation in paediatric population with their resistance rate towards commonly used antibiotics.

Methods & Materials: A retrospective study was conducted by analysing the clinical information details, blood culture and antimicrobial susceptibility testing results using Hospital Information System and statistical software, IBM SPSS version 22, in children between the ages of 0 to 13 years who were admitted to Hospital Selayang, from January 2001 to December 2011.

Results: The mean age of the patients was 25.8 months, with infant and children between 1 month and less than 2 years comprised the largest numbers (39%) of the population studied. There were 222 positive blood cultures, with 30 different organisms detected. Gram-positive and Gram-negative bacteria accounted for 46.4% and 53.6% of isolates respectively. Three most commonly isolated aetiological agents were non typhoidal *Salmonella* (n=38; 17.1%), *Staphylococcus aureus* (n=38; 17.1%) and *Streptococcus pneumoniae* (n=28; 12.6%). Non typhoidal *Salmonella* (NTS) isolates demonstrated 18.4%, 10.5% and 2.63% of resistance towards ampicillin, trimethoprim-sulfamethoxazole and ciprofloxacin respectively. All NTS isolates were susceptible to